

FEB 25 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1283

1. PLACE OF DEATH

48 County Jackson
10 Township Raw
7 City Kansas City (No. 3423 Monroe 7)

Registration District No. 399Primary Registration District No. 1002File No. 1283Registered No. 1283St. Mo.Ward 1

2. FULL NAME

(a) Residence, No. 3423 Monroe St., 1 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb 24, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

801011

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

26

10. Date deceased last worked at this occupation (month and year)

31

11. Total time (years) spent in this occupation

31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Kentucky

13. NAME

Liburn Osborn

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No record

15. MAIDEN NAME

No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

No record

17. INFORMANT (ADDRESS)

Mrs. J. L. Osborn

18. BURIAL, CREMATION, OR REMOVAL

CrematedDATE Jan 7th, 1937

19. UNDERTAKER (ADDRESS)

Link & Osborn Co

20. FILED

1-61937

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 5th, 1937

22. I HEREBY CERTIFY that I attended deceased from

Dec. 29, 1936, to Jan. 5, 1937I last saw him alive on Jan. 3rd, 1937 Death is said to have occurred on the date stated above, at 3:15 m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lobar pneumonia

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chlor. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Frank St. Evange

(Address)

520 Argyle

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

